

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000075482**

1. Entity Name

VALDIAS PROPERTIES, INC.**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90081 003 ***150.00

Principal Place of Business

Mailing Address

9755 S.W. 62 STREET
MIAMI FL 331739755 S.W. 62 STREET
MIAMI FL 33173-1405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0625307

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, JOSE M PA
782 N.W. LEJUENE ROAD
SUITE 548
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VALDES, DANIEL R	9755 S.W. 62 STREET	MIAMI FL 33173						
	VPD			<input type="checkbox"/> Delete		VPD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VALDES, DANIEL	6130 S.W. 93 COURT	MIAMI FL 33173			VALDES, Daniel F.	9100 SW 68 Street	Miami, Florida 33173	
	DS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DIAZ, ALEJANDRO	13954 S.W. 36TH STREET	MIAMI FL 33175						
	TD			<input type="checkbox"/> Delete		TD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CORDERO, ANA DIAZ	6425 S.W. 93 PLACE	MIAMI FL			DIAZ-CORDERO, Ana	10555 SW 58 Street	Miami, Florida 33173-2857	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Valdes* **DANIEL R. Valdes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

221-8351

Daytime Phone #

CR2E034 (9/99)